

2027 Benefits Summaries

Class 11 ASCSA Coordinators & Supervisors January 1, 2027 – December 31, 2027



Health Insurance Options

	Priority Health HMO 1	Priority Health HMO 2	Priority Health HMO 3	Priority Health PPO 1	Priority Health PPO H.S.A \$1,750	Priority Health PPO H.S.A \$2,000	Cash in Lieu of Medical Insurance
Deductible Single Coverage	\$0	\$250	\$500	\$250	\$1,750	\$2,000	Choice of 1 of the following: (1) Cash payout of \$1,000 paid on the 1st paycheck of each month. (No payout July or August). New hire amount is prorated. (2) Increase Life Insurance to \$50,000
Deductible 2 Person/Family Coverage	\$0	\$500	\$1,000	\$500	\$3,500	\$4,000	
Coinurance	0% / 100%	10% / 90%	20% / 80%	0% / 100%	0% / 100%	20% / 80%	
Coinurance Maximum	None	\$1,500 / \$3,000	\$2,000 / \$4,000	None	None	None	
Out of Pocket Maximum	\$9,100 / \$18,200	\$9,200 / \$18,400	\$9,200 / \$18,400	\$9,100 / \$18,200	\$3,500 / \$7,000	\$5,000 / \$10,000	
Prescription (Rx) Drugs Copay	\$10 / \$40	\$10 / \$40 / \$80	\$10 / \$40 / \$80	\$10 / \$40	\$10 / \$40 / \$80 after deductible	\$10 / \$40 / \$80 after deductible	
Office Visit Copay	\$20	\$20	\$30	\$20	0% after deductible	20% after deductible	
Urgent Care Copay	\$20	\$50	\$75	\$40 after deductible	0% after deductible	20% after deductible	
Emergency Room Copay	\$50	\$150 after deductible	\$150 after deductible	\$50 after deductible	0% after deductible	20% after deductible	
Hospital/Surgical Coverage	Covered 100%	10% after deductible	20% after deductible	0% after deductible	0% after deductible	20% after deductible	
Specialists	\$20 Referral Required for non-participating specialists	\$40	\$50	\$20 after deductible	0% after deductible	20% after deductible	
Health Savings Account (HSA)	--	--	--	--	AAPS contributes up to \$1,750 toward the deductible: \$875 upfront, plus \$145.83 monthly from July through December, prorated by hire date.**	AAPS contributes up to \$2,000 toward the deductible: \$1,000 upfront, plus \$166.67 monthly from July through December, prorated by hire date.**	

12 Month Cost	\$12,307.28	\$8,418.08	\$4,133.72	\$15,284.72	\$7,860.84	\$326.56
School Year Only Pay Deductions based on 20 pays	\$615.36	\$420.90	\$206.69	\$764.24	\$393.04	\$16.33
Year Round Pay Deductions based on 24 pays*	\$512.80	\$350.75	\$172.24	\$636.86	\$327.54	\$13.61

*Benefits Deductions will occur on the first 2 paychecks of each month

** AAPS funding of employee's HSA will be paid ½ up front in January, then monthly July-December, only while employee is enrolled in the high-deductible health plan. New hire amount is prorated.

Vision – Davis Vision		
	Employer Paid	Eligible every 12 months from date of service, 24 month for adult frames In-Network Services \$10 copay for eye exam \$0 copay for lenses & frames - Davis Vision Collection frames covered 100% or \$120 frame allowance \$120 covered for contact lenses & exam (replaces glasses)

Dental - Blue Cross Dental		
	Employer Paid	\$1,000 maximum per person each benefit year for classes I, II & III services 100% Coverage - Diagnostic & Preventive Services (Class I) 75% Coverage - Basic & Major Services (Class II & III) 50% Coverage - Orthodontics (Class IV) up to age 19, \$1,000 lifetime max per person January - December benefit year

Unum Life, AD&D, LTD Term Life, Accidental Death and Dismemberment (AD&D), Long Term Disability (LTD) Insurance		
	Employer Paid	\$35,000 Term Life and AD&D Employer Paid Employees may purchase an additional \$165,000 of additional Life/AD&D coverage LTD Pays 66.67% up to \$5,000 monthly maximum Waiting period 120 calendar days

Rates listed above are for **Full Time employees**, rates for Part Time employees vary, see HR for details

Plans based on **January 1 - December 31 coverage**, rates subject to changes based on partial year coverage

When on Leave of Absence, insurance will terminate once taken off payroll with AAPS